

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1							
2										
3			1							
4										
5				1						
6										
7				1						
8										
9				1						
10					1					
11						1				
12							1			
13					3					
14						1				
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49										
50										
Total Indep			2							
Total Depend			20							
Total Claims			22							